

MARSHALL SPACE FLIGHT CENTER CERTIFICATION FOR LIFTING DEVICES AND EQUIPMENT

1. EQUIPMENT NAME/LOCATIONS:		2. UNID:	
3. PROGRAM/PROJECT:		4. REFERENCE DOCUMENT:	
5. INITIATED BY:	6. ORGANIZATION:	7. TELEPHONE:	8. DATE:
9. SPECIFIED REQUIREMENTS:			
10. REASON FOR REQUEST:			
APPROVAL/CONCURRENCE SIGNATURES			
COMMENTS AND RECOMMENDATIONS:		MSFC LIFTING DEVICE AND EQUIPMENT MANAGER (DATE):	
COMMENTS AND RECOMMENDATIONS:		PROGRAM/PROJECT MANAGER:	
COMMENTS AND RECOMMENDATIONS:		FACILITIES MANAGEMENT OFFICE (REPRESENTATIVE/DATE)(IF APPLICABLE):	
COMMENTS AND RECOMMENDATIONS:		LOGISTICS SERVICES OFFICE (REPRESENTATIVE/DATE)(IF APPLICABLE):	
COMMENTS AND RECOMMENDATIONS:		INDUSTRIAL SAFETY BRANCH (REPRESENTATIVE/DATE):	
COMMENTS AND RECOMMENDATIONS:			